Case 18-25516-ABA	Doc 66	Filed 03/07/2	22 Entered 03/07/22 17:05:04	Desc Main
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					_				
	in this information to identify your optor 1 Kenneth M								
	1.01110011111	•			_				
	otor 2 Sandra Kor use, if filing)	norsky			-				
Uni	ted States Bankruptcy Court for the	E: DISTRICT OF NEW	JERSEY		_				
	se number <u>18-25516</u>		_			Check if this is:			
(If kn	own)					☐ An amende	•		
				<u>.</u>		A supplement 13 income a		g postpetition ollowing date:	chapter
	fficial Form 106l					MM / DD/ Y	ΥΥΥ		
S	chedule I: Your Inc	ome							12/15
atta Par									
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-fil	ing spouse	ijera lar. Bererak
	If you have more than one job, attach a separate page with	Employment status	■ Employed			☐ Employed			
	information about additional employers.		☐ Not employed			■ Not employed			
	• •	Occupation	Retired						
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	there? 10 year	rs					
Par	t 2: Give Details About Mo	nthly Income							
	mate monthly income as of the cuse unless you are separated.	late you file this form. If	you have nothing to r	eport for	any line,	write \$0 in the	space. Inc	lude your nor	n-filing
	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the informatio	n for all e	employer	s for that perso	n on the lir	nes below. If y	ou need
					Fø	/Deptor (otor 2 or ng spouse	
2.	List monthly gross wages, sale deductions). If not paid monthly,			2.	\$	0.00	\$	0.00	
3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Add l	ne 2 + line 3.		4.	\$	0.00	\$	0.00	

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	otor 1 otor 2	Kenneth M Komorsky Sandra Komorsky	-	(Case	number (if i	known)	18-2	25516		
	Cor	vy line 4 here			For \$	Debtor 1		no	r Debtor n-filing s	pouse	
	COL	y line 4 here	4.		.		0.00	. \$_		0.00	<u>) </u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	58		\$		0.00	\$_		0.00	<u>) </u>
	5b.	Mandatory contributions for retirement plans	5t		\$		0.00	\$ _		0.00	
	5c.	Voluntary contributions for retirement plans	50		\$		0.00	. \$_		0.00	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	50		\$_ <u>_</u>		0.00	. \$		0.00	
	5f.	Domestic support obligations	5€ 5f		\$ \$		0.00	*		0.00	
	5g.	Union dues	5g		<u>*</u> -		0.00	·		0.00	_
	5h.	Other deductions. Specify:	_).+	\$		0.00			0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$ \$		0.00	. · _		0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ —		0.00	\$		0.00	_
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	a	s		0.00	\$	_	0.00	_
	8b.	Interest and dividends	8t		<u>\$</u>		0.00	* *		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	3 .	\$_		0.00	\$		0.00	_
	8d.	Unemployment compensation	80	i.	\$		0.00	\$		0.00	<u> </u>
	8e.	Social Security	8€	€.	\$_	1,63	0.00	\$_		0.00	<u> </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f		\$		0.00	\$_		0.00	
	8g.	Pension or retirement income	89	-	\$	96	1.01	\$		0.00	<u></u>
	8h.	Other monthly income. Specify: Son contributes	_ 8h	1.+	\$	70	0.00	+ \$_		0.00	1
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	[<u> </u>	3,29	1.01	\$_		0.0	0
10.	Cale	culate monthly income. Add line 7 + line 9.	10.	\$		3,291.01	+ \$		0.00	= \$	3,291.01
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				,			0.00		0,201.01
11.	Incli	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your or friends or relatives. The included in lines 2-10 or amounts that are not a cify:	depe			•		·		<i>J.</i> +\$	0.00
12.	Add Write appl	the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies	ult is n Lia	the bilit	com ies a	bined mo	onthly i	income a, if it	12.	\$	3,291.01
										Combi	
13.	Do y	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?		·					month	ly income

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Fill	I in this informa	ition to identify y	our case:			ĺ		
Del	btor 1	Kenneth M I	Komorsk	v	-	Che	ck if this is:	
	btor 2 oouse, if filing)	Sandra Kom	-		-		An amended filing	wing postpetition chapter
Uni	ited States Banki	runtey Court for the	DISTR	ICT OF NEW JERSEY			MM / DD / YYYY	
			<u></u>	OF NEW DENOET			WIM / DD / TTTT	
	se number 18	3-25516						
0	fficial Fo	rm 106J				•		
S	chedule	J: Your	Exper	ises				12/1
nui	ormation. If m mber (if know	n). Answer ever	eded, atta ry questio	. If two married people a ch another sheet to this n.	re filing together, b form. On the top of	oth are equ f any addition	ally responsible fo onal pages, write y	or supplying correct your name and case
1.	it 1: Descr Is this a joir	ibe Your House nt case?	hold					
	☐ No. Go to	line 2.						
	Yes. Doe	s Debtor 2 live i	in a separ	ate household?				
	■ N □ Y	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list De Debtor 2.	•	■ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Son		28	■ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
								□ No
3.	expenses of	enses include f people other th I your depende	nan 👝	No Yes				□ Yes
Est exp	imate your ex	ate Your Ongoir penses as of your date after the b	our bankri	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this fo lemental Schedule	orm as a su J, check th	pplement in a Cha e box at the top of	pter 13 case to report f the form and fill in the
the	lude expenses value of such ficial Form 10	i assistance and	non-cash o	government assistance if luded it on <i>Schedule I:</i> Y	you know our Income		Yourexo	
4.	The rental o	r home owners! d any rent for the	hip expense ground o	ses for your residence. In r lot.	nclude first mortgage	4. \$		1,650.00
	If not include	ed in line 4:						
	4a. Reale	state taxes				4a. \$		0.00
		ty, homeowner's	, or renter	s insurance		4a. \$ 4b. \$	 	0.00
	4c. Home	maintenance, rep	pair, and u	pkeep expenses		4c. \$		0.00
_		wner's associati				4d. \$		64.00
5.	Additional m	iortgage payme	nts for yo	ur residence, such as hor	ne equity loans	5. \$		0.00

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eptor 1	Kenneth M Komorsky		40.05540
ebtor 2	Sandra Komorsky	Case number (if known)	18-25516
Util	itles:		
6a.	Electricity, heat, natural gas	6a. \$	145.00
6b.	Water, sewer, garbage collection	6b. \$	50.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	170.00
6d.	Other. Specify:	6d. \$	0.00
Foo	od and housekeeping supplies	7. \$	400.00
Chi	Idcare and children's education costs	8. \$	0.00
Clo	thing, laundry, and dry cleaning	9. \$	100.00
Pen	sonal care products and services	10. \$	0.00
	dical and dental expenses	11. \$	100.00
	nsportation. Include gas, maintenance, bus or train fare. not include car payments.	12. \$	0.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13. \$	90.00
Cha	ritable contributions and religious donations	14. \$	0.00
Doi	urance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a. \$	
	. Health insurance	15b. \$	0.00
	. Health insurance . Vehicle insurance	·	0.00
	. Other insurance . Other insurance. Specify:	15c. \$	0.00
		15d. \$	0.00
Spe	es. Do not include taxes deducted from your pay or included in lines 4 or 20 cify:	16. \$	0.00
	tallment or lease payments:	170 ¢	
	Car payments for Vehicle 1	17a. \$	0.00
	Car payments for Vehicle 2	17b. \$	0.00
	Other Specify:	17c. \$	0.00
	Other. Specify:	17d. \$	0.00
ded	ir payments of alimony, maintenance, and support that you did not repolucted from your pay on line 5, Schedule I, Your Income (Official Form 1	06I). 18. \$	0.00
	er payments you make to support others who do not live with you.	\$	0.00
	cify:	19.	
	er real property expenses not included in lines 4 or 5 of this form or on . Mortgages on other property	20a. \$	0.00
	Real estate taxes	20b. \$	0.00
	Property, homeowner's, or renter's insurance	20c. \$	0.00
20d		20d. \$	0.00
	. Homeowner's association or condominium dues		0.00
		20e. \$	0.00
	er: Specify:	21. +\$	0.00
	culate your monthly expenses . Add lines 4 through 21.		
	. Add lines 4 through 21. . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10	\$	2,769.00
	. Add line 22a and 22b. The result is your monthly expenses.	\$	2,769.00
	culate your monthly net income.		
	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3 <u>,</u> 291.01
23b	. Copy your monthly expenses from line 22c above.	23b\$	2,769.00
23c	. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	522.01
For e	you expect an increase or decrease in your expenses within the year at example, do you expect to finish paying for your car loan within the year or do you expect ification to the terms of your mortgage?	ter you file this form? ct your mortgage payment to increa	ase or decrease because
= 1			
_ □ \	fes. Explain here:		

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		Document	Pag	ge 5 of 7	3/07/22 5:01PN

	mation to identify you			
Debtor 1	Kenneth M Korr	ıorsky		
	First Name	Middle Name	Last Name	
Debtor 2	Sandra Komors	ky		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	18-25516			
(if known)				Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Di	id you pay or agree to pay someone who is NOT an attorney to	help	you fill out bankruptcy forms?
¥			
<u> </u>	Yes. Name of person	_	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Un tha	der penalty of perjury, I declare that I have read the summary a at they are true and correct.	and s	chedules filed with this declaration and
X	/s/ Estate of Kenneth M Komorsky Kenneth M Komorsky	X	/s/ Sandra Komorsky Sandra Komorsky
	Signature of Debtor 1		Signature of Debtor 2
	Date March 7, 2022		Date March 7, 2022

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Fill in this info	rmation to identify your	case:		
Debtor 1	Kenneth M Komo	rsky		
	First Name	Middle Name	Last Name	
Debtor 2	Sandra Komorsky	٧		
(Spouse if, filing)	First Name	Middle Name	Last Name	-
United States E	Bankruptcy Court for the:	DISTRICT OF NEW JERSI	ΞΥ	_
Case number	18-25516			
(if knows)				☐ Check if this is an amended filing

Official Form 106Sum

Summar	ry of Your Assets and Liabilities and Certain Statistical Information

12/15

info	is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	11 Summarize Your Assets		
		Your a Value	issets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	190,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	5,640.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	195,640.00
Par	Summarize Your Liabilities		
			abilities tyou owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	290,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	15,458.31
	Your total liabilities	\$	305,458.31
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,291.01
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,769.00
Par	4 Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sc	hedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and s	ubmit this form to

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1
Debtor 2

Kenneth M Komorsky
Sandra Komorsky

Case number (if known) 18-25516

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	n
From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00